



**March 25, 2020**

***New Information From Your CPMG Medical Directors...  
... always interesting to us – hopefully useful to you!***

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**From:** "Morris, Kenneth MD" <[kmorris@rchsd.org](mailto:kmorris@rchsd.org)>

**Date:** March 24, 2020 at 8:02:18 PM PDT

**Subject:** CPCMGRCPMS COVID-19 NIGHTLY UPDATE 3/24/2020

Good Evening Everyone:

These are nightly updates for all CPCMGRCPMS staff. Other valued community members which includes all CPMG affiliates, as asked, have been included for the sake of collaboration.

As a reminder, if not already noted, direction is changing rapidly and what may have been the direction 3 days ago may no longer be the direction.

We have been receiving tons of gratitude for staying open when others are closing down not to mention the gratitude that we are receiving from our video visit access. The following is just one example from a grateful patient of Dr. Naudin's in Vista: *"Just wanted to convey my thanks to you and your team for all the work that you are doing during this pandemic. I wish to thank all the health care professionals who are still working despite the risk and fears. You are the heroes who are giving us a lot of hope and we are truly grateful for it."*

This is a powerful message that I wanted to share with the entire group (and the community) to help keep all of us going!

**RISK LEVEL**

We remain at **Risk Level 3**. All sites remain open and all sites continue to see well and sick visits.

- **Self-monitoring:** For fever twice daily for all staff and providers.
- **Co-Located sites:** The partnership screening with Rady Children's is on track to begin tomorrow at our Murrieta and Sanford sites.
- **Incident Command:** In tandem with our Radys partnership screening, we will be piloting direct rooming of symptomatic patients when feasible.

## **CASES**

**Statewide:** There are 2102 positive cases with 28 of the cases being in children 0-17 y/o. The gender breakdown favors more male than female cases like we have seen locally although not as big of a swing. There is an overall 13.5% case positive rate.

**Riverside County:** There are now 48 total cases with 8 cases in Southern Riverside and 13 in Western Riverside. Most appear to be community transmission related.

**San Diego County:** The number of cases is now 242 as of this evening. There are currently 3 confirmed cases in the 10-19 y/o age range and 2 cases in the 0-9 y/o age range. One of the two younger cases may be our patient and I also heard that a 6 week old may have tested positive. 81% of the positive cases are in the age range from 20-59 y/o.

**CPCMG:** While testing has only been available for a little over a week, 71 tests have been sent from CPCMG providers and today's positive test is the first one from one of our offices.

- To re highlight for those not aware. This is a symptomatic 9 m/o with no known exposure who tested positive for rhinovirus on a RVP (respiratory viral panel) and had reflex testing done at Radys as part of a research protocol and also tested positive for COVID-19
- Translation: As COVID-19 spreads in the community, a positive or negative RVP is unlikely to change management as it will not necessarily rule out a COVID-19 infection.

## **AAP-SAN DIEGO INFECTIOUS DISEASE DIRECTION**

- As usual, the meeting was attended by representatives from the major pediatric stakeholders (CPCMG, UCSD, Scripps Coastal, Scripps Clinic, Sharp, Kaiser and others). Also, in attendance as usual was Dr. Mark Sawyer and Dr. John Bradley (Radys ID experts) and Dr. Eric McDonald (SD Public Health Officer).
- The majority of the major pediatric healthcare systems are following the Well visits in the AM and Sick visits in the PM paradigm
- Many of the health systems are restricting WCC's to 2 y/o and under and discouraging other WCC's.
- There was wide task force consensus that the risks of vaccine preventable illnesses and other developmental conditions are likely greater than the risks of COVID-19 should it be acquired.
- Some systems were in the process of considering some well only sites (this is in our Level 4 planning).
- The majority are performing little or no testing. Kaiser pulled all of the testing media out of the pediatric clinics and cannot order COVID-19 tests themselves.
- Newborns: See section below
- I posed the question re the clear reports that there is a larger number of asymptomatic pediatric COVID-19 positive patients and whether seeing well patients poses a risk to our clinics. There is no research driven hard data on this of course. Our experts felt that if a patient passes our screening process and even if positive, there is likely less viral shedding and as a result, it is less likely that they are contagious. Further, it was felt that asymptomatic carriage is likely not contributing to the outbreak.

Please note that we have taken the stance that we are not turning away any WCC's or other patient visits if a patient/family wants to be seen. We will continue to take precautions to protect families and staff. While it is best for most symptomatic patients to remain home under self-isolation, our Board of Directors and Medical Leadership feel that it is important to be able to preserve access for those that need or want it.

### **NEWBORN MANAGEMENT**

In consult with other community health systems, we are going to tweak our newborn rounding work flow to the following:

- Newborn rounders should come directly from home to their designated rounding hospital
- The practice of routine mid-day rounding should be discontinued if a clinician has started their day in one of our clinical sites
- As community infection spreads, it stands to reason that we are going to see infected mothers having given birth. Please see the **ATTACHED** shared guidelines from UCSD borrowed from Harvard (pages 3 & 4 in particular). I understand that Scripps is following a different CDC workflow published in February. Ultimately, hospital pediatric departments with newborns will need to decide what level of adoption that they are comfortable with.

### **PRIVACY & DISCRETION (courtesy of Steve Lewis)**

As with any patient information, we need to maintain patient privacy for our COVID-19 patients. Above and beyond that, given the heightened scrutiny regarding COVID-19 in the media and the community generally, it is very important/critical to not even discuss unidentified patients who we test for COVID-19 with people outside of the office. We have already received requests from outside entities asking us to confirm whether or not certain offices have COVID-19 positive patients based on rumors. If you receive any such inquiries, please transfer the call to your Supervisor immediately. As such, we ask that you not discuss these patients (even if you don't provide the patient's name) with other tenants in your medical office building or friends and family. Disclosing any patient information can result in legal consequences and/or unwanted media attention.

### **TESTING & TESTING LOCATIONS**

*Clinicians should use their judgment to determine if the patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested.*

**More important than testing is the message that if a patient has mild symptoms, is to self-isolate.**

Testing of patients should be reserved for those that are symptomatic and for which management will change. As highlighted in the email to staff earlier today, the following are groups for testing consideration:

- Healthcare workers
  - Please note that this does not include testing of symptomatic children or family members of healthcare workers.

- Parents with direct care of an elderly person or other patients/persons at significant risk (testing to be done by their PCP's direction)
- A symptomatic child with significant risk factors

We have had a growing number of families try to “bully” their way in to get their kids tests even though they do not meet the strict criteria above. Let’s stand firm. When testing becomes more available, public health may advise loosening up their restriction advice.

#### Testing Locations/Testing Supplies:

- **Quest**
  - *Quest Diagnostics has rapidly expanded testing capacity with the addition of both the Roche Diagnostics high-throughput test and the Quest Diagnostics lab-developed test (LDT) running simultaneously in many of our laboratories across the country. The Roche test (test code 39444) is now the preferred test for upper respiratory specimens due to its high throughput capacity. For other specimen types, please use the Quest Diagnostics LDT (test code 39433).*
  - If testing media is not available, saline is now an appropriate transport media per the FDA (see **ATTACHED** for full information).
- Please see the **ATTACHED** updated testing locations guide courtesy of Jason Decker. UCSD and SD Public Health have provided more information on testing access and criteria. In addition, there is a new option in Riverside with Project Baseline.
- Employee Testing: To date, all employees that have been tested have had negative results. Our corporate testing account is operational. Please reach out to the RCPMS Quality team if you feel that a staff member should have testing consideration.

### **INFECTION PREVENTION & CONTROL**

To reiterate guidance given to CPCMG/RCPMS staff/providers earlier today

- Staff with close clinical contact should be wearing their surgical masks during patient interactions (this includes MA’s, Nurses, Screeners, Clinicians, etc.)
- While performing NP swabs, face shields or goggles are advised.
  - Routine RVP testing is not advised.
  - Rapid Flu testing can be helpful and change management if the test is positive.
- Any staff with close contact to a known positive case may continue to work if asymptomatic and masked
  - If staff were masked during their interaction with a known positive case, they may remove their mask when not engaging with patients.
  - If staff were not masked during their interaction with a known positive case, they should wear their mask throughout the entire day.

Preserve & Conserve PPE When Possible: please be judicious with the use of PPE

**The following section is submitted by Dr. Michael Jacobson, CMIO**

#### **VIDEO VISIT ONBOARDING**

We have additional onboarding sessions available as early as tomorrow morning. Please sign up at [this link](#). Please follow the steps on [the onboarding article](#) in the Knowledge Base before your scheduled session.

### **CHILDREN'S PRIMARY VIRTUAL CARE (CPVC)**

We changed the colored-dot system for patient assignment during multi-provider Video Visit sessions. Please look at the SignUp Genius before your next session to see the color of the dot that indicates "your" patients for the session.

The Video Visit SmartSet was updated today. New additions include the following:

1. A default LOS of 99213.
2. The standard telehealth progress note with the **.ezVVnote** SmartPhrase is pre-selected.
3. The note now ends with *"The parent/guardian was informed about the limits of video visits and is in agreement with the assessment and plan. They are aware to follow up in their primary care office if worsening/not improving or additional concerns that cannot be addressed properly with video technology."*
4. The two COVID-related ICD codes are selectable from the SmartSet diagnosis lists.

### **KNOWLEDGE BASE**

Please visit the [CPCMG Knowledge Base](#) for all sign-ups, knowledge articles, and tip sheets.

### **CLOSING MESSAGE**

As a daily reminder to all staff and providers, if you have a fever (Temp  $\geq$ 100.0), please do not come to work! Besides taking care of yourselves, we need to keep co-workers and patients healthy.

-KM

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